



K A N S A S

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Dear Colleague:

As you know from media reports, Kansas is among several states in the Midwest in a mumps outbreak. Iowa currently has the most cases, but Kansas is in second place for case counts. As of April 26, 2006 the Kansas Department of Health and Environment has received reports of over 240 mumps cases in 32 Kansas counties. I am contacting you as a partner in the health care of Kansans to assist in the management of this outbreak.

Mumps is a reportable disease in Kansas. It is critical to continue to report cases during an outbreak for public health control, management and prevention efforts. Report suspect cases immediately – please *do not* wait for lab results to come back to report a case. Cases of mumps should be reported to your local health department or directly to KDHE (**phone: 877-427-7317; fax 877-427-7318**).

Clinical Case Definition. Mumps is defined as an illness with acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary glands, lasting greater than or equal to 2 days, and without other apparent cause. In the setting of an outbreak, these symptoms alone are sufficient diagnostic indicators of disease.

Laboratory criteria for diagnosis. The best method of identifying disease is through isolation of mumps virus through culture (throat or urine) of clinical specimen. Alternatively, testing that reveals a significant rise between acute and convalescent-phase titers in serum mumps immunoglobulin G (IgG) antibody level by any standard serologic assay, or a positive serologic test for mumps immunoglobulin M (IgM) antibody, are also confirmatory for mumps. The following considerations should be kept in mind when testing for mumps:

- Negative IgM with clinical symptoms *does not* rule out disease – clinical symptoms with negative IgM is still considered a case.
- Testing is *not necessary* during an outbreak if patient is in a county with reported cases
- If it has been more than 4 days since onset of parotitis, it is not effective to collect a specimen for virus isolation.
- Routine testing of exposed contacts or asymptomatic individuals is *not* recommended. Previously vaccinated individuals need *not* be tested to check their immune status.

Vaccination. Full protection from mumps is best afforded by 2 vaccinations (MMR). Recent data information from the CDC suggests a vaccine efficacy of approximately 80% with a single

dose of MMR and 95% with two doses. If a person has no physician-documented history of mumps, 2 doses of MMR vaccine are recommended for full protection. At this time we are *not* recommending an accelerated schedule of immunization for young children.

Confusion has arisen in the vaccination of people born before 1957. Before the mumps vaccine was available, it was estimated that 90% of the population had already been infected with mumps by age 10. This is why the recommendations do not include people born before 1957. However, if someone claims to have never had mumps or a vaccination, then they should receive the 2 MMR doses. If only one MMR dose has been received, a second is advised for full protection.

Exclusion of cases (isolation). Cases should be excluded from child care, school, work and other social contacts for a minimum of 4 days following onset of symptoms (period of highest communicability). The mumps virus can be found in infected persons up to 9 days after symptom onset; an acceptable and more conservative approach favors a 9 day exclusion.

Quarantine of exposed contacts. For the purpose of quarantine, contacts are considered immune and not subject to quarantine or exclusion if they—

- were born *before 1957*;
- have documented history of *physician-diagnosed* mumps;
- have serologic evidence of mumps immunity (IgG antibody); or
- have documentation of vaccination (at least 1 dose of MMR).

Contact of a case should be excluded from child care, work and other social contacts from day 12 to day 25 post exposure. Exclusion or quarantine of any susceptible contact can be lifted once immunization is administered to the contact.

I hope this letter answers some of the most frequently asked questions about this emerging outbreak. Other resources may be found at the KDHE website: <http://www.kdheks.gov/index.html> and through the KDHE Public Health Information Exchange (PHIX). If you do not participate in this electronic information and alert system, feel free to contact us at: <https://phix.kdhe.state.ks.us> so we might expedite your enrolment in this time of need.

Your help in diagnosis and reporting of mumps will help us better track the disease and determine methods of curtailing future outbreaks. I extend my sincere gratitude to all of you who have and will continue to work hard on this outbreak.

Sincerely,



Howard Rodenberg MD MPH
Director, KDHE Division of Health and State Health Officer